2012 Medicare Advantage plans in Washington state

Data as of Oct. 6, 2011.
Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series).
Plans under sanction by Medicare are not shown.

* Indicates this type of plan does not offer Part D drug coverage.

For the most current information, contact the plan directly or go to www.medicare.gov and click on "Compare Drug and Health Plans."

County	Organization Name	Plan Name	Type of Medicare Health Plan	Contract ID	Plan ID	Monthly Consolidated Premium (Includes Part C + D)	Part C Premium Only (Only use this when calculate LIS recipients premium)	Part D Premium Obligation with Full LIS	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	In-Network Office Visit/ Specialist Visit	Additional Benefits	In-network MOOP Amount **
Clark	Community HealthFirst Medicare Advantage Plan 1-800-944-1247	Community HealthFirst MA Plan (HMO)	Local HMO *	H5826	006	$0.00				No Drugs		$0/$20	D, V	$2,800
Clark	TTY/TDD: 1-866-816-2479 www.healthfirst. chpw.org	Community HealthFirst MA Pharmacy Plan (HMO)	Local HMO	H5826	008	$33.60	$0.00	$0.00	$0	Enhanced	No Gap Coverage	$0/$20	D, V	$2,800
Clark		Community HealthFirst MA Extra Plan (HMO)	Local HMO	H5826	010	$0.00	$0.00	$0.00	$0	Enhanced	Many Generics	$10/$40	V	$3,400
Clark		Community HealthFirst MA Premium Plan (HMO-POS)	Local HMO	H5826	011	$79.00	$33.40	$14.40	$0	Enhanced	Many Generics	$0/$20	D, V	$1,500
Clark	Health Net Medicare Advantage	Health Net Aqua (PPO)	Local PPO *	H5520	001	$45.00				No Drugs		$12/$12	D, V	$2,500
Clark	1-800-949-6165 www.healthnet.com	Health Net Violet Option 1 (PPO)	Local PPO	H5520	002	$99.00	$73.50	$0.00	$0	Enhanced	No Gap Coverage	$12/$12	D, V	$2,500
Clark		Health Net Violet Option 2 (PPO)	Local PPO	H5520	005	$0.00	$0.00	$0.00	$0	Enhanced	No Gap Coverage	$15/$15	D, V	$3,400
Clark		Health Net Healthy Heart (PPO)	Local PPO	H5520	009	$149.00	$119.50	$0.00	$0	Enhanced	No Gap Coverage	$10/$10	D, V, H	$1,750

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Clark	Humana Health Plan, Inc. 1-800-833-2364 www.humana-medicare.com	Humana Gold Plus H2012-031 (HMO)	Local HMO	H2012	031	$0.00	$0.00	$0.00	$0	Enhanced	Few Generics and Few Brands	$10/$40	D, V	$4,500
Clark		Humana Gold Plus H2012-032 (HMO-POS)	Local HMO	H2012	032	$25.00	$25.00	$0.00	$0	Enhanced	Few Generics and Few Brands	$10/$20	D, V	$2,900
Clark	Humana Insurance Company 1-800-372-2147 www.humana-medicare.com	Humana Gold Choice H8145-097 (PFFS)	PFFS *	H8145	097	$0.00				No Drugs		20%/20%	D, V	$4,500
Clark		Humana Gold Choice H8145-109 (PFFS)	PFFS	H8145	109	$92.00	$57.60	$7.50	$0	Enhanced	Few Generics and Few Brands	$15/$35	D, V	$3,400
Clark		HumanaChoice H6609-015 (PPO)	Local PPO	H6609	015	$52.00	$52.00	$0.00	$0	Enhanced	Few Generics and Few Brands	$15/$25	D, V	$3,400
Clark	Kaiser Permanente Senior Advantage 1-866-681-3597 https://medicare/kaiserpermanente.org	Kaiser Permanente Senior Advantage (HMO)	Local HMO	H9003	001	$99.00	$67.90	$13.80	$0	Enhanced	All Generics and Few Brands	$20/$20	D, V, H	$2,500
Clark		Kaiser Permanente Senior Advantage Basic (HMO)	Local HMO	H9003	006	$39.00	$39.00	$0.00	$0	Enhanced	All Generics and Few Brands	$30/$30	D, V, H	$3,400

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Clark	Providence Health Plans 1-800-457-6064 www.providence.org/hea lthplans/medicare	Providence Medicare Extra + RX (HMO)	Local HMO	H9047	001	$130.00	$93.50	$0.00	$0	Enhanced	No Gap Coverage	$15/$15	V	$2,500
Clark		Providence Medicare Choice + RX (HMO-POS)	Local HMO	H9047	024	$76.00	$38.80	$0.70	$0	Enhanced	No Gap Coverage	$20/$20	V	$3,400
Clark		Providence Medicare Extra (HMO)	Local HMO *	H9047	033	$87.00				No Drugs		$15/$15	V	$2,500
Clark		Providence Medicare Choice (HMO-POS)	Local HMO *	H9047	035	$40.00				No Drugs		$20/$20	V	$3,400
Clark	Regence BlueCross BlueShield of Oregon 1-800-505-6765 www.regence.com/medic are	Regence MedAdvantage + Rx Classic (PPO)	Local PPO	H3817	002	$67.00	$33.40	$0.00	$160	Basic	No Gap Coverage	$15/$35	D, V	$3,400
Clark		Regence MedAdvantage + Rx Enhanced (PPO)	Local PPO	H3817	003	$135.00	$70.50	$28.00	$0	Enhanced	Many Generics	$10/$25	D, V	$2,500
Clark		Regence MedAdvantage Basic (PPO)	Local PPO *	H3817	001	$35.00				No Drugs		$15/$35	D, V	$3,400
Clark	Sterling Life Insurance Company 1-877-906-0926 www.sterlinghealth.com/ products/medicare-advantage	WindsorSterling Emerald Connect Plan (PFFS)	PFFS	H3410	004	$28.50	$0.00	$0.00	$150	Basic	No Gap Coverage	$20/$35	D, V, H	$6,700
Clark		WindsorSterling Gold Connect Plan (PFFS)	PFFS	H3410	003	$59.00	$35.50	$0.00	$50	Basic	No Gap Coverage	$10/$30	D, V, H	$4,000
Clark		WindsorSterling Silver Connect Plan (PFFS)	PFFS *	H3410	002	$30.00				No Drugs		$10/$30	D, V, H	$4,000
Clark	UnitedHealthcare 1-800-850-8197 www.uhcmedicaresolutio ns.com	AARP MedicareComplete Essential (HMO)	Local HMO *	H5005	018	$29.00				No Drugs		$15/$35	D, V	$4,200
Clark		AARP MedicareComplete Plan 1 (HMO)	Local HMO	H5005	010	$89.00	$76.60	$0.00	$0	Enhanced	Some Generics	$15/$35	D, V, H	$4,200
Clark		AARP MedicareComplete Plan 3 (HMO)	Local HMO	H5005	019	$0.00	$0.00	$0.00	$0	Enhanced	No Gap Coverage	$15/$40	D, V, H	$5,700

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Key to types of Medicare Advantage plans

Local HMO: A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

Local PPO: A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

PFFS: A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

Key to Drug Benefit Type
Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.
Enhanced: These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

Key to Abbreviations
D: Some dental coverage
H: Some hearing coverage
V: Some visual coverage
MOOP: Maximum Out of Pocket

Need help?
For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

You can also read more about Medicare Advantage plans at: *www.insurance.wa.gov/consumers/medicare/index.shtml*